Thank you for your interest in the Congressional Art Competition. In order to better serve you, this form will allow you to go to a printable page that should be mailed to the office for processing.

Contact Information

* indicates required information

First Name	*		:	
Last Name:	*	:		
Parents/Guardians	*	:		
Street Address	*	:		
City, State Zip Code	*	:		,
Telephone Number	*	:		
Email	*	:		
Entry Title	*	:		
Education Ir	nformation			
Name of High Sch	iool *		:	
Grade	*	:		
Art Teacher	*	:		
Phone	*	:		

Medium—Please Select One

Painting	Drawing	Print	
Mixed Media	Comput	er Graphic	Photography

Print This Form

You can print and sign this form after you click the Generate Form button. The address information is located on this page and also on the print preview page.